|   |  |   |               |                                       |                  |                  |          | Application or Docket Number |           |                        |               |                     |                        |  |
|---|--|---|---------------|---------------------------------------|------------------|------------------|----------|------------------------------|-----------|------------------------|---------------|---------------------|------------------------|--|
| PATENT APPLICATION FEE DETERMINATION RECOR<br>Effective October 1, 2003 |  |   |               |                                       |                  |                  |          | D                            | 10/608731 |                        |               |                     |                        |  |
| CLAIMS AS FILED - PART I  |  |   |               |                                       |                  |                  |          | SMALL                        | EI        | ,                      | <del></del> - |                     | THAN                   |  |
| _   |  |   | (Colum        | in 1)                                 | (Col             | lumn 2)          | 7        | TYPE                         |           |                        | OR            |                     | SMALL ENTITY           |  |
|   | TOTAL CLAIM                                    | S   |               |                                       |                  | <del></del>      | ļ.       | RATI                         | E         | FEE                    | ]             | RATE                | FEE                    |  |
|   | FOR  |   | NUMBER        | NUMBER FILED                          |                  | IBER EXTRA       |          | BASIC                        | FEE       | 385.00                 | OR            | BASIC FEE           | 770.00                 |  |
|   | TOTAL CHARGE                                   | EABLE CLAIMS                              | m             | inus 20=                              |                  |                  |          | X\$ 9                        | =         | <u> </u>               | OR            | X\$18=              |                        |  |
| 11_   | NDEPENDENT (                                   |   |               | minus 3 =                             |                  |                  |          | X43=                         |           |                        | OR            | X86=                |                        |  |
| L   | IULTIPLE DEPE                                  | ENDENT CLAIM P                            | PRESENT       | RESENT                                |                  |                  |          | +145=                        |           |                        | OR            | +290=               |                        |  |
| -   | If the differenc                               | ce in column 1 is                         | s less than z | ero, enter                            | "0" in           | n column 2       |          | TOTAL                        |           | i                      | OR            | TOTAL               | 270                    |  |
| CLAIMS AS AMENDED - PART II   |  |   |               |                                       |                  |                  |          |                              | •         |                        |               | OTHER               | THAN                   |  |
| _   |  | (Column 1)                                |               | (Colum                                |                  | (Column 3)       | <u>/</u> | SMAL                         | .LE       | NTITY.                 | OR            | SMALL               |                        |  |
| A TA  |  | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |               | HIGHE<br>NUME<br>PREVIO<br>PAID F     | BER<br>DUSLY     | PRESENT<br>EXTRA |          | RATE                         |           | ADDI-<br>TIONAL<br>FEE |               | RATE                | ADDI-<br>TIONAL<br>FEE |  |
| DME   | Total  | . 410                                     | Minus         | 4                                     | 18               | =                |          | X\$ 9=                       | -         |                        | OR            | X\$18=              |                        |  |
| AMENDMENT   | Independent                                    | . 4                                       | Minus         | 4                                     | Ŧ_               | =                |          | X43=                         | 7         | 1                      | OR            | X86=                |                        |  |
| 1 C   | FIRST PRESI                                    | ENTATION OF MI                            | ULTIPLE DEF   | PENDENT                               | CLAIM            |                  | ] }      | - 45                         | +         | <del></del>            | 1 1           | 1200-               |                        |  |
|   |  |   |               |                                       |                  |                  | -        | +145=                        |           |                        | OR            | +290=<br>TOTAL      |                        |  |
|   |  |   |               |                                       |                  |                  | 4        | ADDIT. FE                    |           |                        | OR ,          | ADDIT, FEE          |                        |  |
| _   | (Column 1) (Column 2) (Column 3)               |   |               |                                       |                  |                  |          |                              |           |                        | . ,           |                     |                        |  |
| ENT B   |  | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |               | HIGHE<br>NUMB<br>PREVIOU<br>PAID F    | BER<br>USLY      | PRESENT<br>EXTRA |          | RATE                         |           | ADDI-<br>TIONAL<br>FEE |               | RATE                | ADDI-<br>TIONAL<br>FEE |  |
| AMENDMENT   | Tota!  | *   | Minus         | ±+                                    |                  | = .              |          | X\$ 9=                       | L         |                        | OR            | X\$18=              |                        |  |
| AME   | Ind pendent                                    | *   | Minus         | ###                                   |                  | =                | 1        | X43=                         | 1         |                        | OR            | X86=                |                        |  |
| L   | FIRST PHESE                                    | ENTATION OF MU                            | ILTIPLE DEP   | ENDENT                                | CLAIM            |                  |          | +145=                        | T         |                        | OR            | +290=               |                        |  |
|   |  |   |               |                                       |                  |                  |          | TOTA<br>ADDIT. FEI           |           |                        | OR A          | TOTAL<br>ADDIT, FEE |                        |  |
| (Column 1) (Column 2) (Column 3)  |  |   |               |                                       |                  |                  | ^        | <b>Д</b> Ин. г с.            |           |                        | •             |                     |                        |  |
| MEN   |  | CLAIMS REMAINING AFTER AMENDMENT          |               | HIGHES<br>NUMBE<br>PREVIOU<br>PAID FO | ST<br>ER<br>JSLY | PRESENT<br>EXTRA |          | RATE                         | T         | ADDI-<br>IONAL<br>FEE  |               | RATE                | ADDI-<br>TIONAL<br>FEE |  |
|   | Total  | •   | Minus         | **                                    |                  | =                |          | X\$ 9=                       | T         |                        | OR            | X\$18=              |                        |  |
|   | Independent                                    | L   | Minus         | ***                                   |                  | =                |          | X43=                         | 1         |                        | OR            | X86=                |                        |  |
|   | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM |   |               |                                       |                  |                  | 十        |                              | +         |                        |               | 1200-               |                        |  |

\* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.

\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20" enter "20."

\*\*\*If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."

OR

TOTAL

ADDIT. FEE

TOTAL

ADDIT, FEE

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.